Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Ostomy Supplies	Surgical Tray	A4550	A4360, A4430	Colostomy set, Ureterostomy set (or A4310-A4316), Ileostomy set	Y	No
Ostomy Supplies	Ostomy faceplate, each	A4361	A4361	Ostomy faceplate	Υ	No
Ostomy Supplies	Ostomy faceplate equivalent, silicone ring, each	A4384	A4361	Ostomy faceplate	Υ	No
Ostomy Supplies	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	A4373	A4362	Ostomy skin barrier	у	No
Ostomy Supplies	Ostomy skin barrier, pectin- based, paste, per ounce	A4406	A4362	Ostomy skin barrier	у	No
Ostomy Supplies	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, 4x4 inches or smaller, each	A4407	A4362	Ostomy skin barrier	у	No
Ostomy Supplies	Skin barrier; solid, four by four or equivalent; each	A4362	A4362	Ostomy skin barrier	Y	No
Ostomy Supplies	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4x4 inches, each	A4410	A4362	Ostomy skin barrier	у	No
Ostomy Supplies	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4x4 inches, each	A4408	A4362	Ostomy skin barrier	у	No
Ostomy Supplies	Ostomy skin barrier, solid 4x4 or equivalent, with built- in convexity, each	A4372	A4362	Ostomy skin barrier	У	No
Ostomy Supplies	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	A4385	A4362	Ostomy skin barrier	у	No
Ostomy Supplies	Ostomy skin barrier, non- pectin based, paste, per ounce	A4405	A4362	Ostomy skin barrier	у	No
Ostomy Supplies	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	A4385	A4362	Ostomy skin barrier	Y	No
Ostomy Supplies	Ostomy skin barrier, powder, per oz	A4371	A4362	Ostomy skin barrier	У	No
Ostomy Supplies	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each	A4409	A4362	Ostomy skin barrier	y <del>ffective Marc</del> k	No

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Ostomy Supplies	Ostomy skin barrier, liquid (spray, brush, etc), per oz	A4369	A4363	Ostomy liquid barrier	Y	No
Ostomy Supplies	Adhesive, liquid, or equal, any type, per ounce	A4364	A4364	Ostomy skin bond or cement	Y	No
Ostomy Supplies	Ostomy pouch, urinary, for use on faceplate, plastic, each.	A4381	A4365	Ostomy bag, disposable/closed	Y	No
Ostomy Supplies	Ostomy pouch, closed; with barrier attached (one piece), each	A5051	A4365	Ostomy bag, disposable/closed	Y	No
Ostomy Supplies	Ostomy pouch, urinary, for use on faceplate, rubber, each.	A4383	A4365	Ostomy bag, disposable/closed	Υ	No
Ostomy Supplies	Ostomy pouch, closed; for use on faceplate, each	A5053	A4365	Ostomy bag, disposable/closed	у	No
Ostomy Supplies	Ostomy pouch, closed; for use on barrier with flange (two piece), each	A5054	A4365	Ostomy bag, disposable/closed	Y	No
Ostomy Supplies	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each	A4387	A4365	Ostomy bag, disposable/closed	Y	No
Ostomy Supplies	Ostomy pouch, urinary, with faceplate attached, plastic, each.	A4379	A4365	Ostomy bag, disposable/closed	Y	No
Ostomy Supplies	Adhesive remover wipes, any type, per 50	A4365	A4365	Ostomy bag, disposable/closed - Use most appropriate HCPCS Level II Code - possible codes A4387 or A4379- A4383 or A5051- A5054		No
Ostomy Supplies	Ostomy pouch, closed; without barrier attached (one piece), each	A5052	A4365	Ostomy bag, disposable/closed	у	No
Ostomy Supplies	Ostomy pouch, drainable, with faceplate attached, plastic, each.	A4375	A4366	Ostomy bag, reusable or drainable	Y	No
Ostomy Supplies	ostomy pouch , urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	A4393	A4366	Ostomy bag, reusable or drainable	Y	No
Ostomy Supplies	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	A4392	A4366	Ostomy bag, reusable or drainable	Y	No
Ostomy Supplies	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	A4391	A4366	Ostomy bag, reusable or drainable	Y	No
Ostomy Supplies	Ostomy pouch, drainable, with faceplate attached, rubber, each.	A4376	A4366	Ostomy bag, reusable or drainable	Y	No

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Ostomy Supplies	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each	A4389	A4366	Ostomy bag, reusable or drainable	Y	No
Ostomy Supplies	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each	A4388	A4366	Ostomy bag, reusable or drainable	Y	No
Ostomy Supplies	Ostomy pouch, drainable, for use on faceplate, plastic, each.	A4377	A4366	Ostomy bag, reusable or drainable	Υ	No
Ostomy Supplies	Ostomy pouch drainable, for use on faceplate, rubber, each.	A4378	A4366	Ostomy bag, reusable or drainable	Y	No
Ostomy Supplies	Ostomy belt, each	A4367	A4367	Ostomy belt	Y	No
Ostomy Supplies	Ostomy filter, any type, each	A4368	A4368	Stoma wicks- No code for this item. Code # previously used is now Ostomy Filter.	Y	No
Ostomy Supplies	Ostomy skin barrier, liquid (spray, brush, etc), per oz	A4369	A4369	Tail closures- No code for this item. Code # previously used is now liquid ostomy skin barrier.	<b>Y</b>	No
Ostomy Supplies	Adhesive remover wipes, any type, per 50	A4365	A4370	Ostomy skin bond or cement remover	Υ	No
Ostomy Supplies	Adhesive remover or solvent (for tape, cement, or other adhesive), per ounce	A4455	A4370	Ostomy skin bond or cement remover	Y	No
Ostomy Supplies	Ostomy pouch, urinary with faceplate attached, rubber, each	A4380	A4380	lleostomy set - use A4550 - Surgical Tray (lleum - section of small intestine - not urinary)	Y	No
Ostomy Supplies	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	A4390	A4390	Ileal bladder set - This is not a current discription for this code - crossover not available.	Y	No
Ostomy Supplies	Ostomy irrigation set	A4400	A4400	Irrigation set for irrigation of ostomy	Y	No
Ostomy Supplies	Ostomy lubricant, per ounce	A4402	A4402	Ostomy lubricant, per ounce	Y	No
Ostomy Supplies	Ostomy rings, each	A4404	A4404	Ostomy rings, each	Y	No

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Ostomy Supplies	Ostomy supply; miscellaneous	A4421	A4421 & A4440	41) Not otherwise classified ostomy supplies A4440) Not otherwise classified ureterostomy supplies - this is a discontinued code - use A4421	Y	No
Ureterostomy Supplies	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	A4311	A4430	Ureterostomy set	у	No
Ureterostomy Supplies	Insertion tray without drainage bag with indwelling catheter, Foley type, twoway, all silicone	A4312	A4430	Ureterostomy set	у	No
Ureterostomy Supplies	Insertion tray without drainage bad with indwelling catheter, Foley type, threeway, for continuous irrigation	A4313	A4430	Ureterostomy set	у	No
Ureterostomy Supplies	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	A4314	A4430	Ureterostomy set	у	No
Ureterostomy Supplies	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	A4315	A4430	Ureterostomy set	У	No
Ureterostomy Supplies	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	A4316	A4430	Ureterostomy set	у	No
Ureterostomy Supplies	Insertion tray without drainage bag and without catheter (accessories only)	A4310	A4430	Ureterostomy set	у	No
Ureterostomy Supplies		Delete Code	W2540 (not used)	Colon Tube - no crossover code available	Υ	No
Ureterostomy Supplies		Delete Code	W2542 (not used)	Disposable colostomy appliance/acc this code was not used and is discontinued with no crossover code available.	Y ffective March	No 1, 2004

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Ureterostomy Supplies	Ostomy irrigation supply; cone/catheter, including brush	A4399	W2544	Colostomy irrigation appliance	Y	No
Ureterostomy Supplies	Ostomy irrigation supply; bag, each	A4398	W2545	Colostomy irrigation accessory	Y	No
Ureterostomy Supplies	Irrigation supply; sleeve, each	A4397	W2545	Colostomy irrigation accessory	Υ	No
Ureterostomy Supplies		Delete Code	W2546	Colostomy appliance, non- disposable no crossover code available		No
Ureterostomy Supplies		Delete Code	W2547	Colostomy appliance no crossover code available		No
Ureterostomy Supplies		Delete Code	W2549	Disposable ileostomy accessory no crossover code available		No
Ureterostomy Supplies		Delete Code	W2563	Disposable urostomy bags - see codes for ostomy pouch, urinary		No
Ureterostomy Supplies	Irrigation tray with bulb or piston syringe, any purpose	A4320	W2570	Piston irrigation set	N	No
Diagnostic Agents	Urine test or reagent strips or tablets (100 tablets or strips)	A4250	A4253	Blood or Urine control strips or tablets	N	No
Diagnostic Agents	Blood glucose test or reagent strips for home blood glucose monitor, per 50	A4253	A4253	Blood or Urine control strips or tablets	N	No
Diagnostic Agents	Blood glucose test strips, for dialysis, per 50	A4772	A4772	Dextrose or glucose test strips	N	No
Vascular Catheters	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	A4300	A4300	Implantable, vascular access portal/catheter (venous arterial or peritoneal)		No

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Urinary Catheters	Indwelling catheter; Foley type, two-way latex with coating (Teflon, Silicone, Silicone elastomer, or hydrophilic, etc.), each	A4338	A4341, A4342, A4343, A4345	Indwelling catheter, Foley type, two-way teflon: Indwelling catheter, Foley type, two-way, latex: Indwelling catheter, Foley type, two-way, latex with teflon coating; Indwelling catheter, Foley type, two-way, silicone with elastomer coating.	Y	No
Urinary Catheters	Indwelling catheter; Foley type, two-way all silicone, each	A4344	A4344	Indwelling catheter; Foley type, two-way all silicone	Y	No
Urinary Catheters	Indwelling catheter; Foley type, three-way for continuous irrigation, each	A4346	A4346	Indwelling catheter, Foley type, three- way, latex or teflon for continuous irrigation	Y	No
Urinary Catheters	Male external catheter with or without adhesive, with or without anti-reflux devise; per dozen	A4347	A4347	External catheter, condom type	N	No
Urinary Catheters	Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month)	A4348	A4348	Urinary collection and retention system, drainage bag with tube	Z	No
Urinary Catheters	Incontinence supply, miscellaneous	A4335	A4350, W2559	Catheter care kit; Catheter misc. supplies	Y	No
Urinary Catheters	Insertion tray with drainage bag but without catheter	A4354	A4354	Catheter insertion tray, without tube and drainage bag.	N	No
Urinary Catheters	Irrigation tubing set for continuous bladder irrigation through a tree-way indwelling Foley catheter, each	A4355	A4355	3-way irrigation set for catheter	Y	No
Urinary Catheters	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	A4351	W2558	Urethral catheter	Z	No
Urinary Catheters	Intermittent urinary catheter, with insertion supplies	A4353	W2562	Urethral catheter with tray	N	No
Urinary Catheters	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric or hydrophilic, etc.), each	A4352	W2564	Caudi-tip catheter	N ffective March	No 1, 2004

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Urinary Catheters	Male external catheter, with adhesive coating, each	A4324	W2565	Male mentor catheter	Υ	No
Urinary Catheters	Male external catheter specialty type (e.g. inflatable, faceplate, etc.) each	A4326	W2565	Male mentor catheter	у	No
Urinary Catheters	Male external catheter, with adhesive strip, each	A4325	W2565	Male mentor catheter	у	No
External Urinary Supplies	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	A4358	A4349. A4358	Urinary collection and retention system, leg bag with tube; Urinary leg bag	N	No
External Urinary Supplies	External urethral clamp or compression device (not to be used for a catheter clamp), each	A4356	A4356	Incontinence Clamp	N	No
External Urinary Supplies	Bedside drainage bag, day or night, with or without anti- reflux device, with or without tube, each	A4357	A4357	Urinary drainage bag	Ν	No
External Urinary Supplies	Urinary suspensory without leg bag, each	A4359	Not previously included			No
Tracheal Appliances	Tracheostomy care kit for established tracheostomy	A4629	W2802	Tracheostomy care kit	N	No
Tracheal Appliances	Oropharyngeal suction catheter, each	A4628	W2803	Nasopharyngeal/tra cheal suction kit	N	No
Oxygen	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit	E0443	E0400	Oxygen contents, gaseous, per cubic foot	N	No
Oxygen	Oxygen contents, gaseous (for use with owned gaseous stationary system or when both a stationary and portable liquid system are owned), one month's supply=1 unit	E0441	E0405	Oxygen contents, gaseous, per 100 cubic feet	N	No
Oxygen	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit	E0444	E0410	Oxygen contents, liquid per pound	N	No

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Oxygen	Oxygen contents, liquid (for use with owned liquid stationary system or when both a stationary and portable liquid system are owned), one month's supply= 1 unit	E0442	E0415	Oxygen contents, liquid, per 100 pounds	N	No
Oxygen	Oxygen contents - either gas or liquid and either portable or stationary	E0441-E0444	W2622	Oxygen contents, Linde reservoir	Ν	No
Oxygen	Oxygen contents - either gas or liquid and either portable or stationary	E0441-E0444	W2623	Oxygen contents, Liberator	N	No
Oxygen	Oxygen contents - either gas or liquid and either portable or stationary	E0441-E0444	W2624	Oxygen contents, LV 160	N	No
Oxygen	Oxygen contents - either gas or liquid and either portable or stationary	E0441-E0444	W2625	Oxygen contents, PCU reservoir	N	No
Oxygen	Oxygen contents - either gas or liquid and either portable or stationary	E0441-E0444	W2626	Oxygen contents, GP-45	N	No
Oxygen	Oxygen contents - either gas or liquid and either portable or stationary	E0441-E0444	W2627	Oxygen contents, D cylinder	N	No
Oxygen	Oxygen contents - either gas or liquid and either portable or stationary	E0441-E0444	W2628	Oxygen contents, E cylinder	N	No
Oxygen	Oxygen contents - either gas or liquid and either portable or stationary	E0441-E0444	W2629	Oxygen cylinder contents, GDL-K	N	No
Oxygen	Oxygen contents - either gas or liquid - stationary One month's supply = 1 unit	E0441-E0442	W2774	Piped in oxygen	N	No
Oxygen & Related Respiratory Equip	Cannula, nasal	A4615	E1351	Cannula	N	No
Oxygen & Respiratory Equipment	Tracheostomy, inner cannula (replacement only)	A4623	E1351	Cannula	N	No
Oxygen & Respiratory Equipment	Tubing (oxygen), per foot	A4616	E1352	Tubing, unspecified length, per foot	N	No
Oxygen & Respiratory Equipment	Regulator	E1353	E1353	Regulator	N	No
Oxygen & Respiratory Equipment	Mouthpiece	A4617	E1354	Mouth Piece	N	No
Oxygen & Respiratory Equipment	Stand / rack	E1355	E1355	Stand / rack	N	No
Oxygen & Respiratory Equipment	Face Tent	A4619	E1371	Face Tent	N	No

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Oxygen & Respiratory Equipment		Delete Code	W2637 (not used)	IPPB kit	N	No
Oxygen & Respiratory Equipment	Respiratory suction pump, home model, portable or stationary, electric	E0600	W2638	Portable aspirator	N	No
Oxygen & Respiratory Equipment	Breathing circuits	A4618	W2639	Connectors	N	No
Oxygen & Respiratory Equipment	Full face mask used with positive airway pressure device  (A7031 Replacement facemask interface, replacement for full facemask, each)	A7030	W2640	Face Mask	Ν	No
Oxygen & Respiratory Equipment	Replacement facemask interface, replacement for full facemask, each	A7031	W2640	Face Mask	N	No
Oxygen & Respiratory Equipment	Variable concentration mask	A4620	W2640	Face Mask	N	No
Oxygen & Respiratory Equipment	Implanted pleural catheter, each	A7042	W2642	Nasal Catheter	N	No
Oxygen & Respiratory Equipment	Tubing used with positive airway pressure devise	A7037	W2643	Disposable IPPB tubing	N	No
Oxygen & Respiratory Equipment	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	E0560	W2644	Disposable humidifiers	N	No
Oxygen & Respiratory Equipment	Corrugated tubing, non- disposable, used with large volume nebulizer, 10 ft.	A7011	W2645	Extension hoses		No
Oxygen & Respiratory Equipment	Corrugated tubing, disposable, used with large volume nebulizer, 100 ft.	A7010	W2645	Extension hoses		No
Oxygen & Respiratory Equipment	Nebulizer, with compressor (index lists "Madamist II medication compressor/nebulizer as E0570")	E0570	W2646	MADA plastic nebulizer with mask and tube	N	No
Oxygen & Respiratory Equipment	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	A7034	W2647	Nasal Oxygen kit	N	No
Oxygen & Respiratory Equipment		Delete Code	W2653	Oxygen cart for portable tank (purchase)	N	No

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Oxygen & Respiratory Equipment	regulator, flowmeter, humidifier, cannula or mask, and tubing.	E0431	W2712	Cylinder rental, one month	Y	No
Oxygen & Respiratory Equipment	Portable liquid oxygen system rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	E0434	W2712	Cylinder rental, one month	у	No
Enteral & Parenteral Supplies	Enteral feeding supply kit; syringe, per day	B4034	B4034	monthly	Υ	Yes
Enteral & Parenteral Supplies	Enteral feeding supply kit; pump fed, per day	B4035	B4035	monthly	Y	Yes
Enteral & Parenteral Supplies	Enteral feeding supply kit; gravity fed, per day	B4036	B4036	monthly	Y	Yes
Enteral & Parenteral Supplies	Nasogastric tubing with stylet	B4081	B4081 or B4161	Nasal gastric tubing with thin wire or cotton (e.g. Travasorb, Entriflex, Dobb Huff, Flexiflow, etc.)	Y	No
Enteral & Parenteral Supplies	Nasogastric tubing without stylet	B4082	B4082 or B4161	Nasogastric tubing without stylet	Y	No
Enteral & Parenteral Supplies	Stomach tube - Levine type	B4083	B4083	Stomach tube - Levine type	Y	No
Enteral & Parenteral Supplies	Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each	B4086	B4084	Gastrostomy/Jejuno stomy tubing	Y	No
Enteral & Parenteral Supplies	Parenteral nutrition supply kit; premix, per day	B4220	B4220	Parenteral nutrition supply kit for one month Premix	Y	No
Enteral & Parenteral Supplies	Parenteral nutrition administration kit, per day	B4222	B4222	Parenteral nutrition supply kit for one month Homemix	Y	No
Enteral & Parenteral Supplies	Parenteral nutrition administration kit, per day	B4224	B4224	per month	Υ	No
Enteral & Parenteral Supplies	NOC for enteral supplies	B9998	B9998	Enteral supplies not elsewhere classified	Y	No
Enteral & Parenteral Supplies	NOC for parenteral supplies	B9999	B9999	Parenteral supplies not elsewhere classified	Y	No
Enteral & Parenteral Supplies	Syringe sterile 20cc or greater, each	A4213	W2500	Feeding syringe	Y	No
Enteral & Parenteral Supplies		Delete Code	W2569	Gavage feeding set	Y	No
Enteral & Parenteral Supplies	Enteral feeding supply kit; gravity fed, per day	B4036	W2796	Enteric feeding set	Υ	No
Enteral & Parenteral Supplies	Enteral feeding supply kit; pump fed, per day	B4035	W2796	Enteric feeding set	Y <del>ffective Marcl</del>	No 11, 2004

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Enteral & Parenteral Supplies	Enteral feeding supply kit; syringe, per day	B4034	W2796	Enteric feeding set	Y	No
Enteral & Parenteral Supplies	NOC Enteral & NOC Parenteral	B9998 or B9999	W2798	Nutrition container	Y	No
Enteral & Parenteral Supplies	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	A4300	W2799	IV intercath	Y	No
Enteral & Parenteral Supplies	Blood tubing, arterial or venous, each	A4750	W2800 or W2801	IV tubing or IV piggyback tubing	Y	No
Enteral & Parenteral Formulas & Solutions	Enteral formulae; category I: semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit	B4150	B4150	Enteral formulae; Category I: Intact Protein/ Protein Isolates (e.g., Enrich, Ensure, Ensure powder, Isocal, Lonalac powder, Meritene, Meritene powder, Osmolite, Portagen powder, Sustacal, Renu, Sustagen powder, Travasorb) 100 calories = 1 unit	Y	Yes
Enteral & Parenteral Formulas & Solutions	Enteral formulae; category I: natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit	B4151	B4151	Enteral formulae; Category I - Natural intact Protein/Protein Isolates, (e.g., Complete B, Vitaneed, Compete B Modified) 100 calories = 1 unit	Y	Yes
Enteral & Parenteral Formulas & Solutions	Enteral formulae; category II: intact protein / protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit	B4152	B4152	Enteral formulae; Category II: Intact Protein/Protein Isolates (calorically dense), (e.g., Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN) 100 calories = 1 unit	Y	Yes

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Enteral & Parenteral Formulas & Solutions	Enteral formulae; category III: hydrolyzed protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit	B4153	B4153	Enteral formulae; Category III: Hydrolyzed Protein/Amino Acids (e.g., Critcare HN, Ensure HN, Vivonex T.E.N. (total enteral nutrition), Vivonex HN, Vital (Vital HN), Travasorb HN, Isotein Osmolite HN, Precision HN, Precision Isotonic) 100 calories = 1 un	<b>Y</b>	Yes
Enteral & Parenteral Formulas & Solutions	Enteral formulae; category IV: defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit	B4154	B4154	Enteral formulae; Category !V: Defined Formula for Special Metabolic Need (e.g., Hepatic- Acid, Travasorb Hepatic, Travasorb MCT, Travasorb Renal, Traum-Aid, Tramacal, Aminaid) 100 calories = 1 unit	Y	Yes
Enteral & Parenteral Formulas & Solutions	Enteral formulae; category V: modular components, administered through an enteral feeding tube, 100 calories = 1 unit	B4155	B4155	Enteral formulae; Category V: Modular Components (protein, carbohydrates, fat) e.g., Propac, Gerval Protein, Promix, Casec, Moducal, Controlyte, Polycose Liquid or Powder, Travasorb MCT, Sumacal, Microlipids, MCT Oil, Nutri-Source) 100 calories = 1 unit	Y	Yes
Enteral & Parenteral Formulas & Solutions	Enteral formulae; category VI: standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit	B4156	B4156	Enteral formulae; Category VI: standardized Nutrients (Vivonex STD, Travasorb STD, and Precision LR) 100 calories = 1 unit	Y	Yes

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	B4164	B4164	50% Dextrose solution (500 ml = 1 unit)	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	B4168	B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; amino acid, 5.5% through 7% (500 ml = 1 unit - home mix	B4172	B4172	Parenteral nutrition solution; amino acid, 5.5% through 7% (500 ml = 1 unit - home mix	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit) - home mix	B4176	B4176	Parenteral nutrition solution; Amino Acid greater than 7% (500 ml = 1 unit) - Homemix	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) home mix	B4178	B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) home mix	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) home mix	B4180	B4180	Parenteral nutrition solution; carbohydrates, greater than 50% (500 ml = 1 unit) home mix	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral Nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	B4184	B4184	Parenteral Nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; lipids, 20% with administration set (500 ml = 1 unit)	B4186	B4186	Parenteral nutrition solution; lipids, 20% with administration set (500 ml = 1 unit)	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	B4189	B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Y	Yes

Category of Service Section #	CURRENT ITEM	CURRENT PROCEDURE	PREVIOUS CODE OR	PREVIOUS	MEDICARE EOB	Prior Auth.
Section #	DESCRIPTION	CODE	CODES	DESCRIPTION	NEEDED	Required
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	B4193	B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	B4197	B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein - premix	B4199	B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein - premix	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) - home mix, per day	B4216	B4216	Parenteral nutrition; Additives (vitamins, trace elements, Heparin, electrolytes) - Homemix - per day	Υ	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-amirosyn RF, nephramine, renamine - premix	B5000	B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renalamirosyn RF, nephramine, renamine - premix	Y	Yes

Category of Service Section #	CURRENT ITEM DESCRIPTION	CURRENT PROCEDURE CODE	PREVIOUS CODE OR CODES	PREVIOUS DESCRIPTION	MEDICARE EOB NEEDED	Prior Auth. Required
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	B5100	B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	Y	Yes
Enteral & Parenteral Formulas & Solutions	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine HBC, hepatamine - premix	B5200	B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine HBC, hepatamine - premix	Y	Yes
Misc Prior Authorization Required	Vent assist & management subsequent days PRIOR AUTHORIZATION REQUIRED	94656	?Z0766	Nursing Hours add on for vent patient services	n	Yes
Misc Prior Authorization Required	Miscellaneous DME supply, accessory, and / or service component of another HCPCS code  PRIOR AUTHORIZATION REQUIRED	A9900	Z0766	Prior Authorization of supplies in extraordinary amounts	n	Yes
Misc Prior Authorization Required	Oxygen concentrator, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate  PRIOR AUTHORIZATION REQUIRED	E1390	Z0766	Oxygen concentrator PA number	n	Yes